THE TREATMENT OF THE INSANE OUTSIDE OF ASYLUMS.

BY

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IT is only a short time since in Christendom the insane were believed to be cursed and possessed of devils. In some parts of heathendom, on the other hand, they were supposed to be blessed, in that their souls had been removed by God. Medieval treatment was founded upon that pathology. One portion of the world ducked, whipped, tortured, chained in dungeons, and occasionally burned the insane to death. Upon the whole, the heathen have treated their insane comparatively well.

After a time, many of the therapeutic measures employed by the Europeans of the Middle Ages were abandoned as unsatisfactory. But society still had to be protected; so the insane were fettered in the cells of jails and fortresses, and solitary towers, until a realizing sense of the inhumanity of such treatment struck a responsive chord somewhere in the breast of a Tuke, a Connolly, a Pinel, a Rush, a Kirkbride, an Earle, and doubtless other but unknown immortals, both before and after them.

[1] Read before the N. Y. County Medical Society, Feb. 27, 1893.

Thus, gradually insanity came to be regarded in the light of a disease, and, instead of prisons, special buildings were set apart for the particular custody of the insane. The great object of the asylums at first was to afford protection to society from lunatics, to protect them from themselves, and to provide for their care and support, when at public cost, in an economical manner. A hundred years ago, however, the asylum was still a species of jail, for its evolution had not yet proceeded far. Dungeons, and iron chains, and staples in stone walls and stone floors, were still in use in many places. Indeed, it is even less than eighty years ago since Norris, a patient in Bedlam (Bethlehem Hospital), in the great Christian city of London, was kept for twelve years in a cell with an iron collar riveted around his neck, and iron bands and rings around his waist, arms, and ankle, the neck being fastened to the wall, and the leg to a rude box of filthy straw.

The asylum having evolved so recently from the prison, it is not strange that it should in some places still possess rudimentary structural appendages and organs which are reminiscent of its embryonal stage; nor is it remarkable that a certain sense of disgrace or stigma has been popularly attached to confinement in an asylum. The people have still to be educated to the idea that insanity is a disease often requiring treatment of a particular nature in the special institutions built for the purpose, and that the asylum is rapidly becoming a pleasant refuge for the hopeless and a hospital for the curable cases of mental disorder.

It is a wise move to change the name "asylum"

to "hospital," for it will aid in the diffusion among the people of a true conception of insanity, as now understood by medical men. But there are comparatively few, even in the profession, who are aware of the great improvements which have been made in asylums of late years; how the depressing barren halls and wards and naked floors have given place to pleasantly furnished and carpeted, cheerful-looking parlors, sitting-rooms, and bedrooms; how muffs and strait-jackets have disappeared; how the unintelligent attendant has in many instances given place to the trained nurse; how every new means of treatment is carried out in some places to the best of the ability of the asylum physicians; how schools, employment, theatricals, music, and out-of-door walks are provided in the place of the old deadly monotony, and, in fact, how the asylum has gradually undergone a metamorphosis, until its character has completely changed. There are, to be sure, not many perfectly ideal institutions as yet in existence, but there are some which approach very near to it, as, for instance, that at Alt-Scheritz near Leipzig, and the new asylum at Rome, both of which I visited and described in 1887.[1] These are, of course, constructed on the cottage and pavilion plan, so arranged as to impress one as small colonies or villages, with separate buildings for those merely there for custody because of dangerous propensities, those brought there to be cared for kindly during the remainder of their useless lives, those who carry on various occupations,

[1] "Some European Asylums," Am. Journ. Insanity, July, 1887.

and finally, for such as enter particularly to secure treatment for the brain-malady which has bereft them temporarily of their reason.

I will say that I believe improvement and reform are constantly going on in asylums throughout the world, that no one is more anxious than are their superintendents to make progress in the care and management of the insane. They are rapidly reaching the best methods of dealing with the insane poor. If any are tardy in this advance, it is because they are so often hampered by the never-ending over-crowding of our public asylums, by the interference of politics, by the lack of money, by the want of a sufficient number of medical assistants, and by a multiplicity of official duties.

While these statements are undoubtedly true, and great credit is due the asylum-physicians of the present day for their strenuous efforts in behalf of their charges, I believe that the *ideal* treatment of almost any insane person is to be sought outside of an asylum. After an asylum-experience of some years, and an experience of many years, too, in private practice, I feel that I am in a position to judge fairly well of the relative merits of treatment in and out of asylums.

Theoretically, it ought to be the right of every individual in sickness to receive the best treatment that medical science affords; but this right can be enjoyed by very few. There are too many interfering conditions. Not every injured man is within reach of the best surgeon, not every fever-stricken one convenient to the best physician, and few are the deaf, the blind, the lame, those with crippled

bodies, and those with disordered minds, who ever really receive the best treatment that the world can give. The intelligent doctor and the scientific skill are not the only requisites. Other conditions are good nursing, the most suitable climate, the best hygienic surroundings, the best moral atmosphere. In dealing with affections of the body solely, there is often much to be desired; but it is particularly in the treatment of those who are mentally as well as physically afflicted that so much which should be done is left undone. The obstacles in the way of securing the best treatment are multiplied in the case of the insane by the dethronement of the will, the reason, the judgment, and the emotions.

Just as a hospital is a better place than a tenement house for a surgical patient, or a case of fever, so is the asylum superior to the home in the caretaking of the pauper and indigent lunatic. The acutely insane of the poorer classes are best treated at present in our large State institutions; and those of the moderately well-to-do, either at home or in the small private asylums. Only the insane of the wealthy classes can perhaps enjoy and carry out ideal methods of treatment, in their own homes, in country-houses, or in foreign travel.

It is, of course, needless to say that there are many degrees of insanity; that there are hundreds of cases that are never obliged to go to an asylum at all; that in society are many insane people carrying on legitimate occupations, and caring for themselves and families; and that, on the other hand, there are cases for which nothing but commitment to an asylum would be suitable or feasible. I have many

insane people who visit me at my office, or at clinics, who are regularly following their vocations. Two very insane sisters are private patients of mine. I have described their condition in a paper on *folie à deux*.[1] One teaches music; the other is a book-agent. For twelve years they have been supporting themselves, and laying up money for a rainy day. Another case is in a night-watchman. Another has for years been switching hundreds of trains daily on a great railroad. Another is a young wife with a worthless husband, who cares for the household and supports her children. Another is a bookkeeper; another is a private secretary; another is a superintendent of a manufactory. Two or three are authors of noteworthy books, and support themselves by their valuable contributions to literature. They are all marked cases of chronic or subacute insanity of one form or another. Less noticeable cases at large in society are legion; so that it would be idle to dispute the fact that there are great numbers of insane persons who do not require to be put into custody. Indeed, we should not send any patient to an asylum, unless he needs restraint because of danger to himself or others, or because proper treatment and supervision are difficult in his home, owing generally to poverty or other insurmountable conditions. The sooner a case of acute insanity, occurring in a pauper or indigent, is removed to an asylum the better are his chances for recovery. With cases of acute insanity in those who are able to afford the expense of trained nurses at home, the case is differ-

[1] "Paranoia in Two Sisters." Alienist and Neurologist, Jan. 1890.

ent. It would seem unfortunate to have to send a patient to a large asylum, with its locks, its bars, its associations, its over-crowding, its commingling of the intelligent and the refined with the offspring of the slums, and its inevitable stigma, when the case may prove to be mild, with an early recovery. How much better to make the trial of treatment at home! Naturally, the responsibilities of the physician are often great with an insane patient in a private house, and it is certainly true that the asylum seemingly affords considerable protection from death by exhaustion, suicide, and the like. I say *seemingly*, for this protection is really not as efficient as is generally supposed. From the annual reports of the New York State Commission in Lunacy I gather that the number who die from exhaustion in the public asylums of the State of New York yearly is much over 150, and that the number of suicides of patients committed to their care is in the neighborhood of 15 per year. These facts are noted merely to show that the asylum is not an absolute protection against the death of a patient by exhaustion from mental disease or suicide, and that in view of this we may treat many patients at home with a clear conscience, and with little greater risk, always providing that the room and the nurses and minor essentials are at our command.

I believe it is not fully appreciated how much the asylum-authorities are striving to do to effect improvement in the methods of management of the insane. Not only is the asylum itself undergoing a metamorphosis, but managers are actually doing all they can to extend the treatment of the insane

outside of asylums. This is evident, for instance, from the fact of the opening of out-door departments or dispensaries in connection with some of them, thus enabling those suffering from mental disorders in the earliest stages, or of the milder types, to obtain skilled treatment without entering the asylum at all, without being deprived of their liberty and rights as citizens. This was first undertaken by the West Riding Asylum in 1889, and has been so successful that it was determined to extend the system to other English asylums (Menston and Wadsley). Not only this, but in Scotland and in some parts of our own country, they actually send their quieter patients from the asylums out to board on farms in the country instead of keeping them massed together in large buildings with their more disturbed brethren. Then, too, some of the large asylums of this country have successfully inaugurated agricultural colonies, several miles distant from the main building, where quiet patients are sent to live in cottages or pavilions "far from the madding crowd." (This plan has been very successful at Kalamazoo and elsewhere.)

In connection with this matter of the treatment of the insane poor, especially of the acute class, another feature was brought up by the author for consideration before the New York Neurological Society, in January, 1890, and in various editorials subsequently, viz.: the admission of the acutely insane to general hospitals. The proposition made was that a law should be passed that nothing in the lunacy statutes should be construed to interfere with the reception and treatment of acute cases of in-

sanity in chartered general hospitals, in the same manner and under the same conditions as patients suffering from other diseases are there received and treated, provided that such hospitals have suitable accommodations, approved by the State Commission in Lunacy. Thus, any of the sixty-five or more chartered general hospitals of this State would be empowered to receive and treat such cases, if they so desired, and every town and city would in this manner be provided with one or several emergency wards for the acutely insane ; and who can estimate how much good would thus be accomplished, not only to the particular patients admitted and treated, but to a vast number of other patients, by the training of the nurses, hospital internes, and attending physicians, in clinical psychiatry?

Some fourteen years ago the writer was resident physician in a general hospital with a hundred beds, in a large city. There was no asylum within 200 miles, consequently emergency cases of insanity were sent in from the city and its immediate vicinity to the general hospital for a temporary sojourn. If quiet, they were treated in private rooms ; if disturbed, in a pavilion. They were not more difficult to handle, even at their worst, than the cases of delirium tremens that were frequently admitted. This, too, was a hospital not specially arranged for such cases. Those who are familiar with Vienna, Berlin, Strassburg, Bremen, Leipzig, and Paris, and other Continental cities, know that provision is made in many of their general hospitals for acute cases of insanity. Several years ago the Victoria General Hospital opened reception wards for the insane. In connec-

tion with the new clinic for mental diseases at Königsberg, a department for the insane was recently opened in the town hospital, so that now every Prussian university (except Kiel) has a clinic for diseases of the mind, in most cases connected with some general hospital.

Nor do we have to go out of our own country to find other instances of the insane occupying wards or pavilions in general hospitals. We have notable examples in Bellevue, in the Marshall Infirmary at Troy, and in the Philadelphia Hospital.[1]

There is the greater necessity for some such provision, as, unfortunately, in almost every town and city of this great Union, except New York City, the jail and the station-house at present serve in the capacity of reception-wards for the acutely insane. It will mark a great advance, therefore, in the treatment of the insane, when general hospitals open their doors and make special arrangements for the reception of acute cases, and their detention for a reasonable period of time, say a month or more, which would in many instances obviate the commitment to an asylum by process of law altogether.

In the largest cities there should be at the disposition of medical faculties a clinic of some kind for mental disorders. This want might, perhaps, be best met by the establishment of psychopathic hospitals on the plan of the psychiatric clinics in foreign

[1] In his last report of the Philadelphia Hospital, Dr. Hughes, the superintendent, speaks glowingly of the advantages to patients of the new system that had just been adopted, of receiving insane patients in special wards. He reports 50 per cent. of cases cured, commitment to an asylum having been unnecessary.

universities, small hospitals receiving from fifty to one hundred cases of insanity, provided with laboratories for the study of the physiology and pathology of the central nervous system, ideally constructed in the midst of the city, and fully equipped for the best scientific treatment of patients, and the thorough instruction of students in the elements of psychiatry.

The lines of advance, then, in our care of the insane of the poorer classes outside of asylums are: (1) the opening of special reception-wards or pavilions in general hospitals; (2) the establishment of psychopathic hospitals in large cities; (3) the colonization and boarding-out of the quiet chronic inmates of asylums; (4) the creation of out-door departments in connection with asylums situated in densely populous districts.

When people are sufficiently well-to-do, the ideal methods of treatment are, of course, to be found outside of an asylum. The insane of this class may be treated at home, or in a seashore cottage, in a country house, or they may go travelling in the charge of a physician and a nurse. The kind of treatment best adapted to the nature of the case must be decided by the physician. The quiet of a private house in the city or country is best for some cases, while the tonic and stimulus of foreign travel are indicated in others. It may be stated that when travel seems to be the prescription required, the greater the change from the environment in which the mental disorder developed, the better. The cities of Great Britain and the Continent do not differ essentially from our own cities, and

patients should not be sent to such places with the idea of securing a change of environment. Norway in summer, and Egypt in winter, are regions which offer the greatest inducements in the way of tonics to the nervous system, and stimulus to the mind, and both are at the same time peculiarly restful and calmative.

If these methods of home, country house, or travel are for any reason impracticable, then the smallest private asylum that can be found is to be selected, for the fewer other insane people and the greater number of sane people the patient comes in contact with, the better will be his chances for recovery. There is a need for physicians in practice in the country who will be duly authorized and empowered by law to receive in their own homes and care for one such patient. The chief drawback in home-treatment, if long continued, is usually the bad effect of association with an insane person upon other members of his family, particularly if they be neuropathic. With a sufficiency of nurses and room, there is no contingency in the treatment of the insane that cannot be guarded against. These being provided, the worst features in a case, such as violence, homicidal and suicidal tendencies, attempts at self-mutilation, etc., may be as well avoided outside as inside of an asylum. There are cases in which, though I am opposed to mechanical restraint in great measure, I should employ long-sleeved night-gowns, or even camisoles, rather than let them go home before all means of cure had been tried at least for a few weeks' time.

The conditions and propensities that we have to

combat are many. The choice of method must be the result of careful deliberation, and after judicial survey of all the features presented. We usually need the assistance of skilled and experienced nurses. Thanks to the asylum training-schools, there are numbers of such trained nurses of both sexes to be had in our large cities.

In acute cases, whether of mania or melancholia, it has been my experience that confinement to bed is a valuable factor in cure. Hence, on being called to such a case, I have the patient put to bed. Due precautions are taken as to the removal of all sharp instruments, weapons, drugs, cords, door-keys, and the like, and by a simple device the windows so arranged that they may not be opened beyond six inches; otherwise the furnishings may be left as they are without attention.

Insomnia and mental and motor excitement most frequently demand our best skill. In emergency, I am in the habit of using duboisine sulphate hypodermatically in the dose of one-hundredth of a grain, or sometimes hyoscyamine, or hyoscin hydrobromate in doses of from one-hundredth to one-sixtieth of a grain hypodermatically, though these latter are not as satisfactory as duboisine. But for routine treatment of insomnia and maniacal excitement I much prefer hydrotherapy to drugs. In some cases the prolonged warm bath (70°–90°) for from one-half to two hours may be used, but in all cases the hot wet-pack is applicable. For full details as to these procedures I would refer to my paper on "Hydrotherapy in the Treatment of Nervous and

Mental Diseases."[1] Sometimes when the wet-pack does not suffice to quiet fierce maniacal excitement, I use duboisine in addition, or give doses by the mouth of paraldehyde or sulfonal, both of which are valuable hypnotics.

In acute depressed conditions, on the other hand, opiates usually act best in cases in which hydrotherapy does not subdue the insomnia, distress of mind, and disordered nervous system. Among opiates, codeine seems to offer advantages over others, and the contraction of a habit need not be feared. The refusal of food is another element of danger. Acute insanity, besides rest in bed, quiet and repose, needs overfeeding to balance the great waste of tissue going on in the system. While many cases of acute mania will eat and drink ravenously at times, from the nature of things their actions are uncertain, and the nurse should be instructed to feed the patient almost hourly and keep account of what is given. Milk, raw eggs, meat-juice, and occasional stimulants, must in extreme cases be our chief reliance. Having an intelligent and assiduous nurse at hand, the necessity of feeding with a tube will only rarely occur. When required, the soft rubber stomach-tube may be introduced by the physician through the mouth or nose, a funnel attached, and the liquid mixture of the substances named allowed to flow in. I cannot here refer to many other morbid conditions that must be met by appropriate medication, and by moral treatment as well in acute as in subacute and chronic forms of mental disorder.

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[1] American Journal Med. Sciences, February, 1893.

There are cases (some of the insanities of puberty and adolescence, and other forms) in which anaphrodisiacs modify distinctly the trend of delusions. There are cases in which intestinal antiseptics achieve noteworthy results; indeed, the instances are few in which attention to morbid states of the alimentary canal is not rewarded by considerable benefit to the mental condition of the patient. Arguments with patients upon delusions more or less fixed in character, often has, despite the opinions of numerous alienists to the contrary, decided value in altering their beliefs, and at times even eradicating their insane ideas altogether. It is true that occasional argument is generally of no avail. Such moral treatment must be sedulously and perseveringly employed, daily and for weeks or months, to insure success. Argument is a species of suggestion.

In closing, I cannot but look forward to the time, which passing events foreshadow, when insanity will be recognized as a disease of the brain by the laity as well as by the medical profession; when more of those thus afflicted will be treated in their own homes, and still large numbers in psychopathic and general hospitals; to the time when our present large aggregations of the insane will be disseminated in farm-houses and colonies, and the huge structures now containing them be disintegrated into smaller buildings regularly distributed over large grounds on the community or village plan.

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